

INSTRUCTIONS FOR FILLING OUT APPLICATION FOR CIVIL INDIGENT STATUS — DEPENDENCY CASES

NOTICE TO APPLICANT: Please complete this form and report to Room 101 of the Edgecomb Courthouse Building. There is an application fee of \$50.00.

In the Interest of - is the name of the child(ren) on the case.

Case number — you will be given this number when you submit the paperwork to the clerk for filing.

Dependents are the number of persons listed on your U.S. Income tax return.

1 a. Circle Yes or No to being married,

2. This is the amount income you take home minus deductions required by law and court ordered payments such as child support. Check the correct frequency you are paid. (Ex: weekly, semi-monthly)

Bi-weekly is every two weeks

Semi-monthly is two times a month (ex on the 1st and 15th every month)

3. This is where you will list any additional income you receive and how often. Please circle Yes and fill in the amount or No for each choice.
4. This is where you will list your assets. Please circle Yes and fill in the value or No for each choice.
Any loans should be noted in section 5.
Check if you are or are not expecting to receive additional assets, and if you are, how much the asset is worth.
5. List all liability and debt amounts.
6. Please explain why it would be a substantial hardship to pay any fees or costs in this matter.
7. Enter approximate amount you may spend on medicines (monthly)

A Enter the date you are filling out form

A Sign your legal name

Alta Your date of birth

A Print your legal name

01) Your driver's license number

OD Print your phone number

Oa Print your current mailing address

Do not fill out the section marked CLERK'S DETERMINATION.

If you are found to be Not Indigent, you may seek Judicial Review by signing the last line.

IN THE CIRCUIT/COUNTY OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA

In the Interest of _____

CASE NO. _____

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS
(Dependency and Termination of Parental Rights Cases)

Notice to Applicant: You must pay an application fee of \$50.00 and if you qualify for civil indigence you must enroll in the Clerk's Office payment plan.

1. I have _____ dependents. Are you married? Yes No

2. I have income of \$ _____ paid () weekly () every two weeks () monthly () yearly () other
(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court ordered payments, such as child support.)

3. I have other income paid () weekly () every two weeks () monthly () yearly () other

(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No.")

Second Job	Yes \$	No	Trust	Yes \$	No	Stocks/bonds	Yes \$	No
Social Security Benefits			Gifts	Yes \$	No	Rental Income	Yes \$	No
For you	Yes \$	No	Veteran's Benefits	Yes \$	No	Dividends/Income	Yes \$	No
For child(ren)	Yes \$	No	Workers' Compensation	Yes \$	No	Other kinds of		
Unemployment Compensation	Yes \$	No	Income from absent			interest not on list	Yes \$	No
Union Payments	Yes \$	No	family members	Yes \$	No			
Retirement/Pensions	Yes \$	No						

4. I have assets. (Circle "Yes" and fill in the value of the property, otherwise circle "No.")

Cash	Yes \$	No	Savings account	Yes \$	No
Bank Account	Yes \$	No	Stocks/bonds	Yes \$	No
Certificate of Deposit	Yes \$	No	Money market fund	Yes \$	No
Car*	Yes \$	No	Homestead Real property*	Yes \$	No
Boat	Yes \$	No	Non-homestead real property /real estate*	Yes \$	No

* Show loans on these assets in paragraph 5. You may have \$2500 in equity in property and \$5000 equity in a car and still be indigent.

I expect to have more of these items in the near future. Yes No. If yes, that property is _____

0. My total liabilities and debts are as follows:

Home \$ _____	Car \$ _____	\$ _____
Credit cards \$ _____	Loans \$ _____	Medical Bills \$ _____
Non-homestead real property \$ _____	Total	

1. It would be a substantial hardship to pay any fees or costs in this matter because:

5. Cost of medicines (monthly) \$ _____

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, F.S., commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or 775.083, F.S. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this _____ day of _____, 20 _____

Date of Birth _____ Signature of applicant for indigent status _____

Driver's license or ID number _____ Print full legal name _____
Address _____
City, State, Zip _____
Phone number _____

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be () Indigent () Not Indigent,

Dated this _____ day of _____, 20 _____

Clerk of the Circuit Court

This form was completed with the assistance of _____

Clerk/Deputy Clerk/Other authorized person

APPLICANTS FOUND NOT INDIGENT MAY SEEK REVIEW BY ASKING FOR A HEARING TIME. Sign here if you want the judge to review the clerk's decision of not indigent. _____